

APPENDIX C

DoD Standardization Tracking Report for Documents with Ozone Depleting Chemicals																				
Date:																				
Preparing Activity: Document Number: Document Title:																				
Instructions: The Document listed above has been identified as potentially containing references to ODCs. This form lists information currently known about the document. Please update the information shown.																				
Document Category:																				
+, - I Document does not contain ODCs. +, - II Document cancelled. +, - III Technology does not exist; Development of alternate material/process required.(<i>Explain</i>) +, - IV Technology understood, requires testing of substitute. (<i>Explain - Provide Plan</i>) +, - V Document scheduled for revision. (<i>Provide Schedule</i>) +, - Preparing Activity has not responded with required information.																				
Explanation:	Provide explanation of document status, technical issues, required research, etc.																			
Schedule/Plan:	Provide schedule dates or revision plan.																			
<table border="0"> <thead> <tr> <th></th> <th>Scheduled</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Doc Revision Initiated:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Doc Coordination Initiated:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Final Doc Preparation Initiated:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Revision Complete:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Rev. Incorporated into DODISS:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Scheduled	Completed	Doc Revision Initiated:	_____	_____	Doc Coordination Initiated:	_____	_____	Final Doc Preparation Initiated:	_____	_____	Revision Complete:	_____	_____	Rev. Incorporated into DODISS:	_____	_____
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<table border="0"> <tbody> <tr> <td>Name: _____</td> <td>Name: _____</td> </tr> <tr> <td>Title: _____</td> <td>Title: _____</td> </tr> <tr> <td>Office Symbol: _____</td> <td>Office Symbol: _____</td> </tr> <tr> <td>DSN Phone: _____</td> <td>DSN Phone: _____</td> </tr> <tr> <td>FAX: _____</td> <td>FAX: _____</td> </tr> <tr> <td>E-mail Address: _____</td> <td>E-mail Address: _____</td> </tr> </tbody> </table>			Name: _____	Name: _____	Title: _____	Title: _____	Office Symbol: _____	Office Symbol: _____	DSN Phone: _____	DSN Phone: _____	FAX: _____	FAX: _____	E-mail Address: _____	E-mail Address: _____						
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